

## Fill in this information to identify the case:

Debtor name NEW CITY HISTORIC AUTO ROW, LLC

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS  
(State)

Case number (if known): 18 BK 20811

☒ Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 2. Cash on hand

\$ \_\_\_\_\_

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Self-Help Federal Credit Union</u>	_____	<u>9 0 5 8</u>	\$ _____
3.2. _____	_____	_____	\$ <u>5444.53</u>

## 4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 5444.53**Part 2: Deposits and prepayments**

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor

NEW CITY HISTORIC AUDUBON, LLC Page 2 of 35

Case number (if known) 18 BK 20811

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 0

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of debtor's  
interest**11. Accounts receivable-FCA**

11a. 90 days old or less: 203,282 - \_\_\_\_\_ = ..... → \$ 203,282  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \$ \_\_\_\_\_  
face amount doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 203,282

**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method  
used for current valueCurrent value of debtor's  
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ 0

Debtor

NEW CITY HISTORIC AUTOMOTIVE LLC

Page 3 of 35

18 BK 20811

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
163 Vehicles	Daily	\$ 4,234,733	_____	\$ 4,376,952
	MM / DD / YYYY			
22. Other inventory or supplies				
Parts Unknown	_____	\$ 83,000	_____	\$ 83,000
	MM / DD / YYYY			
23. Total of Part 5				\$ 4,459,952

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☒ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

NEW CITY HISTORIC AUTO RENTALS LLC

Page 4 of 35

Case number (if known) 18 BK 20811

## 33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ 0

## 34. Is the debtor a member of an agricultural cooperative?

☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes

## 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☒ No☐ Yes. Book value \$ Valuation method Current value \$

## 36. Is a depreciation schedule available for any of the property listed in Part 6?

☒ No☐ Yes

## 37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☒ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**

## 38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <del>Office furniture</del>	\$ 308,171		\$ 308,171
40. <del>Office fixtures</del>			
Lease hold Improvements	\$ 308,500		\$ 308,500
41. Office equipment, including all computer equipment and communication systems equipment and software machinery and equipment	\$ 18,371		\$ 18,371
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

## 43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 635,042

## 44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No☐ Yes

## 45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No☐ Yes

Debtor

NEW CITY AUTO ROW, LLC Document

Page 5 of 35

Case number (if known)

18BK20811

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
_____	\$ _____ /	_____	\$ _____ /

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$ _____ /
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**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☒ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor

NEW CITY HISTORIC AUTO ROWENT C  
Name

Page 6 of 35 Case number (if known) 18 BK 20811

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 2401 S. Michigan Ave., Chicago IL	Lease	\$		\$ 0
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties Franchise Agreement /FCA	\$ 3,500,00		\$ 3,500,000
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 3,500,000

Debtor

NEW CITY HISTORIC AUDITORIUM LLC

Page 7 of 35

Case number (if known) 18 BK 20811

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ Total face amount - \_\_\_\_\_ doubtful or uncollectible amount = → \$ \_\_\_\_\_

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0
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79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 5,444.53	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 203,282	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 4,459,952	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 635,042	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$	
88. Real property. <i>Copy line 56, Part 9.</i> .....	→	\$ 0
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 3,500,000	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$	
91. Total. Add lines 80 through 90 for each column. .... 91a.	\$ 8,803,721	+ 91b. \$ 0
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....		\$ 8,803,721



Fill in this information to identify the case and this filing:

Debtor Name New City Historic Auto Row LLC  
United States Bankruptcy Court for the: Northern District of Illinois  
(State)  
Case number (if known): 18-20811

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☒ Amended Schedule A/B
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/11/2018  
MM / DD / YYYY

x   
\_\_\_\_\_  
Signature of individual signing on behalf of debtor

Michael Helmstetter  
\_\_\_\_\_  
Printed name

Owner  
\_\_\_\_\_  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor NEW CITY HISTORIC AUTO ROW, LLC

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS  
(State)

Case number 18-20811  
(If known)

☒ Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
Cook County Taxes/ Vehicle Tax	Check all that apply.	\$ 3,893.24	\$ 3,893.24
118 N. Clark Street, Room 1163	<input type="checkbox"/> Contingent		
Chicago, Illinois 60602	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:		
	Vehicle Tax		
Last 4 digits of account number	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )			
<b>2.2</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
Internal Revenue Service	Check all that apply.	\$ 128,587.53	\$ 128,587.53
P.O. Box 45999	<input type="checkbox"/> Contingent		
Cincinnati, Ohio 45999	<input checked="" type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:		
	withholding, FICA		
Last 4 digits of account number	Is the claim subject to offset?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )			
<b>2.3</b> Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
Illinois Department of Revenue	Check all that apply.	\$ 28,111.51	\$ 28,111.51
100 N. Randolph Street	<input type="checkbox"/> Contingent		
Chicago, Illinois 60601	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:		
	withholding Taxes		
Last 4 digits of account number	Is the claim subject to offset?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

\$ 7369.05

\$ 7369.05

Illinois Department of Employment Security  
33 S. State Street, 10th Floor  
Chicago, Illinois 60603

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:  
Unemployment Tax

Last 4 digits of account  
number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

2.5 Priority creditor's name and mailing address

\$ 2,587.85

\$ 2,587.85

Illinois Department of Revenue  
100 W. Randolph Street  
Chicago, Illinois 60601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:  
Sales Tax

Last 4 digits of account  
number

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

2.6 Priority creditor's name and mailing address

\$ 1267.85

\$ 1267.85

Illinois State Disbursement Unit  
P.O. Box 5400  
Carol Stream, Illinois 60197-5400

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:  
child support

Last 4 digits of account  
number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

2.7 Priority creditor's name and mailing address

\$ 3,480.54

\$ 3,480.54

Andre Sims  
1468 E. 69th Street #2  
Chicago, Illinois 60637

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:  
wages

Last 4 digits of account  
number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

Debtor NEW CITY HISTORIC AUTO ROW, LLC  
Name

Page 12 of 35

Case number (if known) 18-20811

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.8** Priority creditor's name and mailing address

Booker McGee

8200 S. Rachel Lane

Justice, Illinois 60458

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:  
wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 4433.31

\$ 4433.31

**2.9** Priority creditor's name and mailing address

Christopher Vance

3740 N. Halsted

Chicago, Illinois 60613

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:  
wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 4027.80

\$ 4027.80

**2.10** Priority creditor's name and mailing address

Daniel Armenta

6615 Davis Street

Morton Grove, Illinois 60053

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:  
wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 66.96

\$ 66.96

**2.11** Priority creditor's name and mailing address

Dion Grace

1123 Rhodes Court

Wheaton, Illinois 60189

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:  
wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 831.49

\$ 831.49

Debtor NEW CITY HISTORIC AUTO ROW, LLC  
Name

Document Page 13 of 35

Case number (if known) 18-20811

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.12** Priority creditor's name and mailing address

Fulton Nealy

1337 Hirsch Avenue

Calumet City, Illinois 60409

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:

wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 4,112.96

\$ 4,112.96

**2.13** Priority creditor's name and mailing address

Gustavo Murillo-Garcia

34332 N. Redtop Rd

Round Lake, Illinois 60073

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:

wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 5,982.94

\$ 5,982.94

**2.14** Priority creditor's name and mailing address

Hector Rivera

6917 W. Grand Avenue

Chicago, Illinois 60707

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:

wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 4803.84

\$ 4803.84

**2.15** Priority creditor's name and mailing address

Levern Canteen

6147 S. Drexel

Chicago, Illinois 60637

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:

wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 104.88

\$ 104.88

Debtor NEW CITY HISTORIC AUTO ROW, LLC  
Name

Document

Page 14 of 35

Case number (if known) 18-20811

**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.16** Priority creditor's name and mailing address

\$ 2,163.75

\$ 2,163.75

Rayshaun Foster

5601 S. Michigan Avenue

Chicago, Illinois 60637

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:  
wages

Is the claim subject to offset?

- ☒ No  
☐ Yes

**2.17** Priority creditor's name and mailing address

\$ 9537.92

\$ 9537.92

Tammy Patemoster

17W766 Lowell Lane

Villa Park, Illinois 60181

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.** Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<b>3.1</b> Nonpriority creditor's name and mailing address New City Auto Group, LLC 1301 Indianapolis Blvd Scherville, Indiana 46375  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Advances from Affiliated Company</u>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 663,642
<b>3.2</b> Nonpriority creditor's name and mailing address Fort Worth Brothers Automotive c/o Burke Warren Mackay & Sherilla 330 N. Wabash, Suite 2100, Chicago, Illinois 60601  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade debt</u>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 312,000
<b>3.3</b> Nonpriority creditor's name and mailing address Santander Bank 824 N. Market Street Wilmington, DE 19801  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 300.00
<b>3.4</b> Nonpriority creditor's name and mailing address Mike Helmstetter 3419 South Parnell Street Chicago, Illinois 60616  Date or dates debt was incurred <u>2/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Personal advances from Oak Services, LLC</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 750,000
<b>3.5</b> Nonpriority creditor's name and mailing address 2401 S. Michigan Building Corporation c/o Maureen Joyce 1335 S. Prarie Avenue # 2004, Chicago, Illinois 60605  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Rent</u>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 124,744.84
<b>3.6</b> Nonpriority creditor's name and mailing address Adesa 2785 Beverly Rd Hoffman Estates, IL 60169  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 519.49

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 Nonpriority creditor's name and mailing address

All Data

P.O. Box 848379

Dallas, Texas 75284-8379

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
☐ Liquidated and neither contingent nor disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 1155.00

3.8 Nonpriority creditor's name and mailing address

American Tire Distributors

P.O. Box 889

Huntersville, NC 28070

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 4991.81

3.9 Nonpriority creditor's name and mailing address

Aramark Uniform Services

25259 Network Place

Chicago, Illinois 60673-1252

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 1604.53

3.10 Nonpriority creditor's name and mailing address

Auto trader.com

P.O. Box 932207

Atlanta, GA 31193-2207

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Basis for the claim: Unused Ad Space, Santander prevents usage

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 21,436.53

3.11 Nonpriority creditor's name and mailing address

Auto Zone

3311 Archer Avenue

Chicago Illinois 60608

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Basis for the claim: unused ad space

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$ 4263.59



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.12</b> Nonpriority creditor's name and mailing address BG Products of Illinois P.O. Box 181180 Fairfield, Ohio 45018 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 234.60
<b>3.13</b> Nonpriority creditor's name and mailing address Bionic Auto Parts 4610, 4655 W. North Avenue Chicago, Illinois 60639 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Auto Parts not received Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 950.00
<b>3.14</b> Nonpriority creditor's name and mailing address C-4 Analytics 999 Broadway, Suite 500 Saugus, MA 01906 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MKT. Report, not used Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$ 42,033.67
<b>3.15</b> Nonpriority creditor's name and mailing address Capital One Finance 2525 Corporate Place 2nd Floor, Suite 250 Monterey Park, CA 91754 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Customer Loan Dispute Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,145.72
<b>3.16</b> Nonpriority creditor's name and mailing address Carfax 16630 Collections Center Drive Chicago, Illinois 60606-1208 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: service fees, unused Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 10,492.00

Debtor NEW CITY HISTORIC AUTO ROW LLC  
Name

Document Page 18 of 35

Case number (if known) 18-20811**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.17 Nonpriority creditor's name and mailing address**City of ChicagoP.O. Box 6330Chicago, Illinois 60680-6330

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Liquidated and neither contingent nor disputed\$ 9,194.83Basis for the claim: can offset other city taxes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

☐ No☒ Yes**3.18 Nonpriority creditor's name and mailing address**Coin DataDept. 716P.O. Box 4346Houston, TX 77210

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed\$ 16,338.96

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes**3.19 Nonpriority creditor's name and mailing address**ComcastP.O. Box 3001Southeastern, PA 19398-3001

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed\$ 609.26

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes**3.20 Nonpriority creditor's name and mailing address**ComedP.O. Box 6111Carol Stream, Illinois 60197-6111

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed\$ 1,089.73

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

☐ No☐ Yes**3.21 Nonpriority creditor's name and mailing address**County Mayo- Maureen Joyce1335 S. Prairie Avenue #2004Chicago, Illinois 60605

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed\$ 26,230.57Basis for the claim: Rent

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes

Debtor

NEW CITY HISTORIC AUTO ROW LLC  
Name

Document

Page 19 of 35

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.22 Nonpriority creditor's name and mailing address**

Cross check

P.O. Box 6008

Petaluma, CA 94955-6008

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

\$ 40.00

Basis for the claim: no back up for cost

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes**3.23 Nonpriority creditor's name and mailing address**

Dave Folgers

904 W 31st Street

Chicago, Illinois 60608

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

\$ 2,837.00

Basis for the claim: contest for services, no contest

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.24 Nonpriority creditor's name and mailing address**

Dealer E Process

701 Warrenville Rd, Suite #300

Lisle, Illinois 60532

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 17,939.20

Basis for the claim: unable to use

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.25 Nonpriority creditor's name and mailing address**

Dealer Tire

P.O. Box 73261

Cleveland, OH 44193

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

\$ 78.00

Basis for the claim: tire not in inventory

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.26 Nonpriority creditor's name and mailing address**

Dealertrack

P.O. Box 6129

New York, NY 10249-6129

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

\$ 1,703.39

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes

Debtor

NEW CITY HISTORIC AUTO ROW LLC

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.27 Nonpriority creditor's name and mailing address**

Dependable Tire

100 N Le Baron Street

Waukegan, Illinois 60085-3027

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

\$ 87.20

Basis for the claim: tire missing from stock

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.28 Nonpriority creditor's name and mailing address**

E Lead One Data Software Service

P.O. Box 2585

Valdosta, GA 31604-2585

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 19,860.00

Basis for the claim: could not use software due to situation

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.29 Nonpriority creditor's name and mailing address**

Edmunds

P.O. Box 783531

Philadelphia, PA 19178-3531

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 13,325.81

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.30 Nonpriority creditor's name and mailing address**

Elavon Settlement/Recovery

Attn: Collections Dept

P.O. Box 86 SDS12-2291, Minneapolis, MN 55486-0086

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

\$ 1054.00

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☒ Yes**3.31 Nonpriority creditor's name and mailing address**

Expert Pay

6715 NE 63rd Street

Vancouver, WA 98661

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 362.00

Basis for the claim: service not

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes

Debtor

NEW CITY HISTORIC AUTO ROW LLC  
Name

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.32 Nonpriority creditor's name and mailing address**

FEDEX

P.O. BOX 94515

Palatine, Illinois 60094

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Liquidated and neither contingent nor disputed

\$ 1322.66

Basis for the claim: more than 24 yrs old

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☒ Yes**3.33 Nonpriority creditor's name and mailing address**

Herc-Scott Kindy

5859 N Kirby Avenue

Chicago, Illinois 606046

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 3406.92

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.34 Nonpriority creditor's name and mailing address**

Homenet Automotive

P.O. Box 935242

Atlanta, GA 31193-5242

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

\$ 5351.90

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes**3.35 Nonpriority creditor's name and mailing address**

Interstate Battery

16220 S. Crawford

Tinley Park, Illinois 60478

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 100.00

Basis for the claim: Battery never delivered

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.36 Nonpriority creditor's name and mailing address**

Keystone

5100 W 123rd st Suite B

Alsip, Illinois 60803

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

\$ 482.23

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

Debtor

NEW CITY HISTORIC AUTO ROW LLC  
Name

Document

Page 22 of 35

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.37 Nonpriority creditor's name and mailing address**

Konica Minolta

P.O. Box 105710

Atlanta, GA 30348-5710

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Liquidated and neither contingent nor disputed

\$ 3,175.88

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes**3.38 Nonpriority creditor's name and mailing address**

Man Marketing

765 Kimberly Drive

Carol Stream, IL 60188

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 87,759.96

Basis for the claim: unable to use AD Space

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes**3.39 Nonpriority creditor's name and mailing address**

Manheim

P.O. Box 105511

Atlanta, GA 30348

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 330.00

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes**3.40 Nonpriority creditor's name and mailing address**

MBA Logistics LLC

P.O. Box 1349

Bowling Green, KY 42102

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 52,040.00

Basis for the claim: unable to use

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.41 Nonpriority creditor's name and mailing address**

Midland-Tony Scalzo

22 W. Washington St., Suite 1500

Chicago, Illinois 60602

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 75,838.40

Basis for the claim: contract amount disputed

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☐ No☐ Yes

Debtor

NEW CITY HISTORIC AUTO ROW LLC

Document

Page 23 of 35

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p><b>3.42</b> Nonpriority creditor's name and mailing address</p> <p>National Credit Center</p> <p>P.O. Box 740285</p> <p>Los Angeles, CA 90074-0285</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 2523.47</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.43</b> Nonpriority creditor's name and mailing address</p> <p>North American Auto Logistics</p> <p>12600 Deerfield Parkway</p> <p>Alpharette, GA 30004</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 13,575.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.44</b> Nonpriority creditor's name and mailing address</p> <p>People Gas</p> <p>P.O. Box 2968</p> <p>Milwaukee, WI 53201-2968</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 2,086.87</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>excess gas costs during pipe removal</u></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.45</b> Nonpriority creditor's name and mailing address</p> <p>PHMG</p> <p>401 N. Michigan Avenue Suite 1725</p> <p>Chicago, Illinois 60611</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 3,492.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.46</b> Nonpriority creditor's name and mailing address</p> <p>Pro Count</p> <p>27 W 135 Galusha Avenue</p> <p>Warrenville, IL 60555</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 2,500.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor

NEW CITY HISTORIC AUTO ROW LLC  
Name

Document

Page 24 of 35

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

**3.47** Nonpriority creditor's name and mailing address  
 PV Business Solutions  
 3600 S State Rd. 7 Suite #204  
 Miramar, Florida 33023

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Liquidated and neither contingent nor disputed

\$ 298.50

Basis for the claim: services not provided

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☐ No☐ Yes

**3.48** Nonpriority creditor's name and mailing address

Quench

P.O. Box 781393

Philadelphia, PA 19178

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 1,090.31

Basis for the claim: service not satisfactory

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☒ No☐ Yes

**3.49** Nonpriority creditor's name and mailing address

Quill

P.O. Box 37600

Philadelphia, PA 19101-0600

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed

\$ 1,229.24

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☐ No☐ Yes

**3.50** Nonpriority creditor's name and mailing address

R.A. Kennedy &amp; Assoc., Inc.

510 Locust Street

Hammond, IN 46324

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 568.00

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☐ No☐ Yes

**3.51** Nonpriority creditor's name and mailing address

Radius

633 North Franklin Street

Tampa, Florida 33602

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$ 3,450.00

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

☐ No☐ Yes



Debtor

NEW CITY HISTORIC AUTO ROW LLC  
Name

Document

Page 25 of 35

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p><b>3. 52</b> Nonpriority creditor's name and mailing address</p> <p>Reyna Capital Corporation</p> <p>P.O. Box 674275</p> <p>Dallas, Texas</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 4,257.44</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3. 53</b> Nonpriority creditor's name and mailing address</p> <p>Reynolds &amp; Reynolds</p> <p>P.O. Box 182206</p> <p>Columbus, Ohio 43218-2206</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 9,946.68</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>system not in use</u></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3. 54</b> Nonpriority creditor's name and mailing address</p> <p>S&amp;S Automotive, Inc.</p> <p>740 N Larch Avenue</p> <p>Elmhurst, IL 60126</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,857.84</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>parts not delivered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3. 55</b> Nonpriority creditor's name and mailing address</p> <p>Secretary of State</p> <p>501 S. Second Street</p> <p>Springfield, Illinois 62756</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,200.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3. 56</b> Nonpriority creditor's name and mailing address</p> <p>South Loop Auto Body</p> <p>60 E. 23rd Place</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 527.50</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>disputed quality of job</u></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor

NEW CITY HISTORIC AUTO ROW LLC  
Name

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.57	<b>Nonpriority creditor's name and mailing address</b> Vonage- Scott Kindy _____ 5859 N. Kirby Avenue _____ Chicago, Illinois 60646 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,457.59 _____
3.58	<b>Nonpriority creditor's name and mailing address</b> Sure Security _____ 6037 N. Menard Avenue _____ Chicago, Illinois 60646 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 408.00 _____
3.59	<b>Nonpriority creditor's name and mailing address</b> TR Wholesale _____ 7015 Vorden Parkway _____ South Bend, IN 46628 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,507.72 _____
3.60	<b>Nonpriority creditor's name and mailing address</b> Transportation Mike _____ 7159 S Seeley _____ Chicago, IL 60636 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,850.00 _____
3.61	<b>Nonpriority creditor's name and mailing address</b> True Car Inc _____ Dept LA 24198 _____ Pasadena, CA 91185-4198 _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,089.00 _____

Debtor

NEW CITY HISTORIC AUTO ROW LLC  
Name

Document

Page 27 of 35

Case number (if known) 18-20811

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.62</b> Nonpriority creditor's name and mailing address Vinsolutions P.O. Box 935595 Atlanta, GA 31193-5595 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 17,805.15
<b>3.63</b> Nonpriority creditor's name and mailing address Trade River USA, Inc. 401 East Pratt Street, Suite 2424 Baltimore, Maryland 21202 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unsecured note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 489,099.19
<b>3.64</b> Nonpriority creditor's name and mailing address Automotive Development Group Attn: Bill Kelley 5810 W. 78th Street, Suite 300, Bloomington, Minnesota 55439 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unsecured note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 150,000.00
<b>3.65</b> Nonpriority creditor's name and mailing address Uplygt Eagle Phillips, LLC 5757 NW 151 St Street, Miami Lakes, FL 33014 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unsecured note</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 38,894.00
<b>3.66</b> Nonpriority creditor's name and mailing address Capital Merchants One Evertrust Plaza Suite 1401 Jersey City, New Jersey 10004 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unsecured note</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 17,199.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.67	Nonpriority creditor's name and mailing address Ace Funding c/o Henry Guttman 6420 Wilshire Blvd, Suite 7860 Los Angeles, CA 90048  Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: unsecured note  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 44,236.00
3.68	Nonpriority creditor's name and mailing address Capital Partners Network/ Premium Business Solutions 8019 N. Himes Avenue Tampa Bay, Florida 33614  Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: unsecured note  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 387,448.89
3.	Nonpriority creditor's name and mailing address    Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$
3.	Nonpriority creditor's name and mailing address    Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$
3.	Nonpriority creditor's name and mailing address    Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$

**Part 3:** List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _



Debtor

NEW CITY HISTORIC AUTO ROW LLC  
Name

Case number (if known) 18-20811

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 211,363.42

5b. Total claims from Part 2

5b. + \$ 3,271,564.60

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 3,482,928

**Fill in this information to identify the case and this filing:**

Debtor Name New City Historic Auto Row LLC  
United States Bankruptcy Court for the: Northern District of Illinois  
(State)  
Case number (if known): 18-20811

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

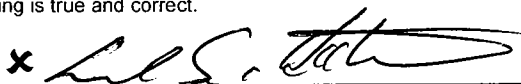
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule E/F*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/11/2018  
MM / DD / YYYY

x   
\_\_\_\_\_  
Signature of individual signing on behalf of debtor

Michael Helmstetter  
Printed name

Owner  
Position or relationship to debtor



## Fill in this information to identify the case:

Debtor name New City Historic Auto Row, LLC  
 United States Bankruptcy Court for the: Northern District of IL  
 (State)  
 Case number (If known): 18 BK 20811

x Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A  
Amount of claim  
Do not deduct the value of collateral.

Column B  
Value of collateral that supports this claim

<b>2.1</b> Creditor's name <u>Benitta Berke</u>  Creditor's mailing address <u>36 W. Randolph, Suite 701</u> <u>Chicago, IL 60601</u>  Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number <u>6 0 0 1</u>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____	Describe debtor's property that is subject to a lien <u>Blanket Lien</u>  Describe the lien <u>Security Agreement</u>  Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1,155,000</u>  \$ <u>1,155,000</u>
--	---	--

<b>2.2</b> Creditor's name <u>Santander Bank, N.A.</u>  Creditor's mailing address <u>824 N. Market Street, Suite 701</u> <u>Wilmington, DE 19801</u>  Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number <u>0 0 0 2</u>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____  Describe the lien _____  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>4,234,732.52</u>  \$ _____
--	---	--

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$ 4,262,924.50

**Part 1: Additional Page**

Column A  
**Amount of claim**  
Do not deduct the value  
of collateral.

Column B  
**Value of collateral  
that supports this  
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.3</b> Creditor's name	Describe debtor's property that is subject to a lien	
<u>West Lake Financial Services</u>		
	\$ <u>28,192.00</u>	\$ _____
Creditor's mailing address		
<u>4751 Wilshire Blvd., Suite 100</u>		
<u>Los Angeles, CA 90010</u>		
	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party?	
	& No	
	& Yes	
Date debt was incurred	Is anyone else liable on this claim?	
Last 4 digits of account number <u>0 0 0 3</u>	& No	
	& Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:	
& No	Check all that apply.	
& Yes. Have you already specified the relative priority?	& Contingent	
	& Unliquidated	
& No. Specify each creditor, including this creditor, and its relative priority.	& Disputed	
& Yes. The relative priority of creditors is specified on lines _____		

<b>2.</b> Creditor's name	Describe debtor's property that is subject to a lien	
	\$ _____	\$ _____
Creditor's mailing address		
	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party?	
	& No	
	& Yes	
Date debt was incurred	Is anyone else liable on this claim?	
Last 4 digits of account number _____	& No	
	& Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:	
& No	Check all that apply.	
& Yes. Have you already specified the relative priority?	& Contingent	
	& Unliquidated	
& No. Specify each creditor, including this creditor, and its relative priority.	& Disputed	
& Yes. The relative priority of creditors is specified on lines _____		

**Fill in this information to identify the case and this filing:**

Debtor Name New City Historic Auto Row LLC  
United States Bankruptcy Court for the: Northern District of Illinois  
(State)  
Case number (if known): 18-20811

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

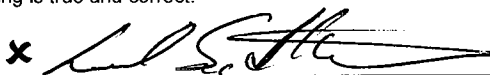
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule D
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/11/2018  
MM / DD / YYYY

x   
Signature of individual signing on behalf of debtor

Michael Helmstetter  
Printed name

Owner  
Position or relationship to debtor